## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### DISCHARGE MONITORING REPORT (DMR)

/ A . . .

(2-16) ST 6141 PERMIT NUMBER

001
DISCHARGE NUMBER

(17-19)

**Submit Quarterly** 

NOTE: Read instructions before completing this form.

# NAME NC Machinery Company ADDRESS 1178 NW Maryland Chehalis, WA 98532

COUNTY Lewis

FACILITY LOCATION | MONITORING PERIOD | YEAR | MO | DAY | TO | | (20-21) | (22-23) | (24-25) | (26-27) | (28-29) | (30-31) |

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	DING	(4 Card Only (38-45)	) QUALITY OR C (46-53)	ONCENTRA (54-6			NO. EX.	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUI	M U	NITS	(62-63)	ANALYSIS (64-68)	(69-70)
Flow	SAMPLE MEASUREMENT											
1 10W	PERMIT REQUIREMENT	Report	Report	Gpd						n/a	0 01/90 0 01/90 0 01/90 0 01/90 0 01/90	Metered
Oil and Grease	SAMPLE MEASUREMENT											
Oil and Orease	PERMIT REQUIREMENT					100	100	n	ng/L	0	01/90	Grab
Total Suspended	SAMPLE MEASUREMENT											
Solids	PERMIT REQUIREMENT					300	300	m	ng/L	0	01/90	Grab
рH	SAMPLE MEASUREMENT											
pri	PERMIT REQUIREMENT				6		9	S	s.u.	0	01/90	Grab
Tomporaturo	SAMPLE MEASUREMENT											
Temperature	PERMIT REQUIREMENT					150	150		°F	0	01/90	Grab
Arsenic	SAMPLE MEASUREMENT											
Arsenic	PERMIT REQUIREMENT					0.23	0.23	n	ng/L	0	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIV	PRE DES EVA PER GAT	RTIFY UNDER PENALTY OF LA PARED UNDER MY DIRECTIO GNED TO ASSURE THAT LUATED THE INFORMATION S SONS WHO MANAGE THE SYS HERING INFORMATION, THE IN	N OR SUPERVISION IN ACC QUALIFIED PERSONNEL P UBMITTED. BASED ON MY II ITEM OR THOSE PERSONS D FORMATION SUBMITTED IS,	ORDANCE WITH ROPERLY GATH NQUIRY OF THE IRECTLY RESPO TO THE BEST OF	A SYSTEM ERED AND PERSON OR NSIBLE FOR MY			1	TELEPHO	DNE	D	ATE
	ARE POS	WLEDGE AND BELIEF, TRUE, SIGNIFICANT PENALTIES FO SIBILITY OF FINE AND IMPRISO AND 33 USC § 1319. (PENALT	OR SUBMITTING FALSE INFO DIMENT FOR KNOWING VIOL	ORMATION, INCL ATIONS. SEE 18	UDING THE USC §	NATURE OF PRINCIPAL	EVECUTIVE	ADEA				
TYPED OR PRINTED	\$10,	000.00 AND OR MAXIMUM IMPR					E OF PRINCIPAL EXECUTIVE AREA NUMBER YEAR N R OR AUTHORIZED AGENT CODE		IO DAY			

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### **DISCHARGE MONITORING REPORT (DMR)**

(2-16) ST 6141

**PERMIT NUMBER** 

(22-23)

(20-21)

001 **DISCHARGE NUMBER** 

(28-29)

(17-19)

(30-31)

**Submit Quarterly** 

**NOTE: Read instructions** before completing this form.

**NC Machinery Company** NAME 1178 NW Maryland **ADDRESS** 

Chehalis, WA 98532 Lewis

**FACILITY** LOCATION

COUNTY

**MONITORING PERIOD** YEAR МО МО DAY FR OM 01 TO

(26-27)

(24-25)

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	DING	(4 Card Only) (38-45)	QUALITY OR 0 (46-53)	ONCENTRA (54-6			NO. EX.	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMU	M UN	NITS	(62-63)	ANALYSIS (64-68)	(69-70)
Cadmium	SAMPLE MEASUREMENT											
Caumum	PERMIT REQUIREMENT					0.15	0.15	m	ıg/L	0	01/90	Grab
Chromium	SAMPLE MEASUREMENT											
Onformati	PERMIT REQUIREMENT					2.0	2.0	m	ıg/L	0	01/90	Grab
Copper	SAMPLE MEASUREMENT											
Сорреі	PERMIT REQUIREMENT					0.25	0.25	m	ıg/L	0	01/90	Grab
Cyanide	SAMPLE MEASUREMENT											
Cyanide	PERMIT REQUIREMENT					1.4	1.4	m	ıg/L	0	01/90	Grab
Lead	SAMPLE MEASUREMENT											
Leau	PERMIT REQUIREMENT					0.14	0.14	m	ıg/L	0	01/90	Grab
Niekol	SAMPLE MEASUREMENT											
Nickel	PERMIT REQUIREMENT					1.8	1.8	m	ıg/L	0	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE (	DEFICER PREP. DESIG	ARED UNDER MY DIRECTION OF THAT WAS UNDER THAT WATED THE INFORMATION SONS WHO MANAGE THE SYSERING INFORMATION, THE INFORMATIO	W THAT THIS DOCUMENT AND OR SUPERVISION IN ACC QUALIFIED PERSONNEL P UBMITTED. BASED ON MY I STEM OR THOSE PERSONS D IFORMATION SUBMITTED IS,	CORDANCE WITH ROPERLY GATH NQUIRY OF THE IRECTLY RESPO TO THE BEST OF	A SYSTEM JERED AND PERSON OR NSIBLE FOR MY			Т	ELEPHO	NE	С	ATE
	ARE POSS	SIGNIFICANT PENALTIES FOR IBILITY OF FINE AND IMPRISO	ACCURATE, AND COMPLETE OR SUBMITTING FALSE INFO ONMENT FOR KNOWING VIOL	ORMATION, INCL ATIONS. SEE 18	UDING THE							
TYPED OR PRINTED  COMMENT AND EXPLANATION OF AN	\$10,00	00.00 AND OR MAXIMUM IMPE	TIES UNDER THESE STATUES RISONMENT OF BETWEEN SIX			ATURE OF PRINCIPAL FICER OR AUTHORIZE		AREA CODE	NU	JMBER	YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### **DISCHARGE MONITORING REPORT (DMR)**

(2-16) ST 6141

**PERMIT NUMBER** 

001 **DISCHARGE NUMBER** 

(17-19)

**Submit Quarterly** 

**NOTE: Read instructions** before completing this form.

**NC Machinery Company** NAME 1178 NW Maryland **ADDRESS** Chehalis, WA 98532

Lewis COUNTY

**FACILITY** LOCATION

**MONITORING PERIOD** YEAR МО МО DAY FR OM 01 TO (24-25) (20-21)(22-23)(26-27)(28-29)(30-31)

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	ADING	(4 Card Only) (38-45)	QUALITY OR 0 (46-53)	ONCENTRA (54-6			NO. EX.	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUI	M U	NITS	(62-63)	ANALYSIS (64-68)	(69-70)
Selenium	SAMPLE MEASUREMENT											
Selemani	PERMIT REQUIREMENT					0.2	0.2	n	ng/L	0	01/90	Grab
Silver	SAMPLE MEASUREMENT											
Silvei	PERMIT REQUIREMENT					0.16	0.16	n	ng/L	0	01/90	Grab
Zinc	SAMPLE MEASUREMENT											
ZIIIC	PERMIT REQUIREMENT					1.4	1.4	n	ng/L	0	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE O	DEFICER PREP, DESIG EVALU PERSO GATH	ARED UNDER MY DIRECTION OF THAT SASURE THAT SATED THE INFORMATION SONS WHO MANAGE THE SYSERING INFORMATION, THE INFORMATION,	INV THAT THIS DOCUMENT AL IN OR SUPERVISION IN AC QUALIFIED PERSONNEL F SUBMITTED. BASED ON MY STEM OR THOSE PERSONS I RFORMATION SUBMITTED IS, ACCURATE. AND COMPLET	CORDANCE WITH PROPERLY GATH INQUIRY OF THE DIRECTLY RESPO TO THE BEST OF	I A SYSTEM IERED AND PERSON OR NSIBLE FOR MY				TELEPHO	NE	С	ATE
TYPED OR PRINTED	ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC §  1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY LICED FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)  SIGNATURE OF PRINCIPAL EXECUTIVE AREA NUMBER YEAR MC OFFICER OR AUTHORIZED AGENT CODE		MO DAY									

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

(2-16)

(17-19)

1178 NW Maryland

Chehalis, WA 98532

**NC Machinery Company** 

Lewis COUNTY

**FACILITY** LOCATION

NAME

**ADDRESS** 

ST 6141 **PERMIT NUMBER** 

002 **DISCHARGE NUMBER** 

Ī	MONITORING PERIOD												
Ī	YEAR	МО	DAY		YEAR	MO	DAY						
			01	TO									
	(20-21)	(22-23)	(24-25)	_	(26-27)	(28-29)	(30-31)						

**Submit Quarterly** 

**NOTE: Read instructions** before completing this form.

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	DING	(4 Card Only) (38-45)	QUALITY OR C (46-53)	ONCENTRA (54-6			NO. EX.	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMU	M L	JNITS	(62-63)	ANALYSIS (64-68)	(69-70)
Flow	SAMPLE MEASUREMENT											
1 10W	PERMIT REQUIREMENT	Report	Report	Gpd						n/a	01/90	Metered
Oil and Grease	SAMPLE MEASUREMENT											
On and Orease	PERMIT REQUIREMENT					100	100	r	mg/L	0	01/90	Grab
Total Suspended	SAMPLE MEASUREMENT											
Solids	PERMIT REQUIREMENT					300	300	r	ng/L	0	01/90	Grab
рН	SAMPLE MEASUREMENT											
ргт	PERMIT REQUIREMENT				6		9		s.u.	0	01/90	Grab
Tamanaratura	SAMPLE MEASUREMENT											
Temperature	PERMIT REQUIREMENT					150	150		°F	0	01/90	Grab
Araonia	SAMPLE MEASUREMENT											
Arsenic	PERMIT REQUIREMENT					0.23	0.23	r	mg/L	0	01/90	Grab
NAME/TITLE PRINCIPAL EXECUTIVE	PREP DESIG	ARED UNDER MY DIRECTION OF THAT WASHING THAT UNTED THE INFORMATION SONS WHO MANAGE THE SYLERING INFORMATION, THE IN	AW THAT THIS DOCUMENT AND OR SUPERVISION IN ACC QUALIFIED PERSONNEL P SUBMITTED. BASED ON MY I STEM OR THOSE PERSONS D NFORMATION SUBMITTED IS,	CORDANCE WITH PROPERLY GATH INQUIRY OF THE DIRECTLY RESPO TO THE BEST OF	I A SYSTEM HERED AND PERSON OR NSIBLE FOR MY			•	TELEPHO	ONE	D	ATE
	ARE POSS	SIGNIFICANT PENALTIES F IBILITY OF FINE AND IMPRIS	ACCURATE, AND COMPLETE OR SUBMITTING FALSE INF ONMENT FOR KNOWING VIOL	ORMATION, INCI ATIONS. SEE 18	LUDING THE USC §							
TYPED OR PRINTED			TIES UNDER THESE STATUES RISONMENT OF BETWEEN SIX			IATURE OF PRINCIPAL FFICER OR AUTHORIZE		AREA CODE	N	UMBER	YEAR M	IO DAY

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## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### **DISCHARGE MONITORING REPORT (DMR)**

(2-16) ST 6141 **PERMIT NUMBER** 

002 **DISCHARGE NUMBER** 

(17-19)

**Submit Quarterly** 

**NOTE: Read instructions** before completing this form.

#### **NC Machinery Company** NAME 1178 NW Maryland **ADDRESS** Chehalis, WA 98532

Lewis COUNTY

**FACILITY** LOCATION

		N	ONITOR	RING	PERIO	D	
	YEAR	МО	DAY		YEAR	МО	DAY
FR OM			01	TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	DING	(4 Card Only) (38-45)	QUALITY OR 0 (46-53)	ONCENTRA (54-6			NO. EX.	FREQUENCY OF	SAMPLE TYPE
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TYPED OR PRINTED  COMMENT AND EXPLANATION OF AN	\$10,00	00.00 AND OR MAXIMUM IMPE	TIES UNDER THESE STATUES RISONMENT OF BETWEEN SIX			ATURE OF PRINCIPAL FICER OR AUTHORIZE		AREA CODE	NU	JMBER	YEAR	MO DAY

Lewis

NAME

**ADDRESS** 

COUNTY

FACILITY LOCATION **NC Machinery Company** 

1178 NW Maryland

Chehalis, WA 98532

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### **DISCHARGE MONITORING REPORT (DMR)**

(2-16)

(17-19)

DAY

(30-31)

41

ST 6141 PERMIT NUMBER 002
DISCHARGE NUMBER

МО

(28-29)

**Submit Quarterly** 

NOTE: Read instructions before completing this form.

		N	IONITO	RING	PERIO	D
	YEAR	МО	DAY		YEAR	
FR OM			01	TO		
	(20-21)	(22-23)	(24-25)		(26-27)	

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	DING	(4 Card Only) (38-45)	QUALITY OR C (46-53)	ONCENTRA (54-6		NO. EX.	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUN	I UNIT	'S (62-63)	ANALYSIS (64-68)	(69-70)
Selenium	SAMPLE MEASUREMENT										
Selenium	PERMIT REQUIREMENT					0.2	0.2	mg/	L 0	01/90	Grab
Silver	SAMPLE MEASUREMENT										
Silver	PERMIT REQUIREMENT					0.16	0.16	mg/	L 0	01/90	Grab
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NAME/TITLE PRINCIPAL EXECUTIVE (	DFFICER PREP, DESIG EVALI PERSIG GATH KNOW	ARED UNDER MY DIRECTION OF THAT JATED THE INFORMATION SONS WHO MANAGE THE SYSTEM OF TH	INV THAT THIS DOCUMENT AL ON OR SUPERVISION IN AC QUALIFIED PERSONNEL F SUBMITTED. BASED ON MY STEM OR THOSE PERSONS I HOORMATION SUBMITTED IS, ACCURATE, AND COMPLET	CORDANCE WITH PROPERLY GATH NQUIRY OF THE DIRECTLY RESPO TO THE BEST OF E. I AM AWARE 1	A SYSTEM IERED AND PERSON OR NSIBLE FOR MY THAT THERE			TEL	EPHONE		DATE
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